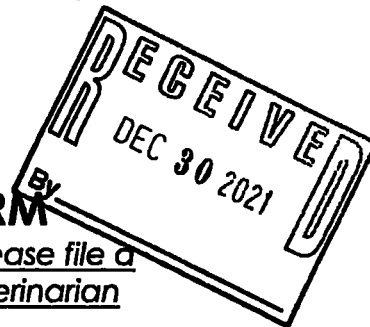


**ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD**

1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007

PHONE (602) 364-1PET (1738) FAX (602) 364-1039

VETBOARD.AZ.GOV



**COMPLAINT INVESTIGATION FORM**

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

**FOR OFFICE USE ONLY**

Date Received: DEC. 30, 2021

Case Number: 22-161

**A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:**

Name of Veterinarian/CVT: Abbie Riedhead

Premise Name: Holbrook Veterinary Clinic

Premise Address: 105 Airport Rd

City: Holbrook State: AZ Zip Code: 86025

Telephone: (928) 524-9928

**B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT\*:**

Name: JD Helmick

Address: [REDACTED]

City: [REDACTED]

State: [REDACTED]

Zip Code: [REDACTED]

Home Telephone: [REDACTED] Cell Telephone: [REDACTED]

\*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.

**C. PATIENT INFORMATION (1):**

Name: Lady  
Breed/Species: German Shepherd  
Age: +/- 4yrs Sex: F Color: Brown/Black

**PATIENT INFORMATION (2):**

Name: \_\_\_\_\_  
Breed/Species: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_

**D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:**

*Please provide the name, address and phone number for each veterinarian.*

Abbie Reidhead 928.524.9928

Kathy Bratcher 928.537.2880 - NOT in complaint!

**E. WITNESS INFORMATION:**

*Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.*

Tawnie Dresslar



**Attestation of Person Requesting Investigation**

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: *Jose A. Velazquez*

Date: 12/29/2021

**F. ALLEGATIONS and/or CONCERNS:**

*Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.*

12/20/2021

To Whom It May Concern:

I have never known a less compassionate, more seemingly incompetent Veterinarian than Dr. Abbie Reidhead.

In April 2021, Lady, our now 4-year-old German Shepherd Rescue Dog was diagnosed by Dr. Reidhead with megaesophagus. After two visits, I was advised that euthanasia was the best course of action. When I inquired of Dr. Reidhead about treating this condition, she had no solution, saying, "I don't know, you will have to figure it out." This came about when she tried to spay and x-ray Lady who aspirated before they could put her under. This, despite my following the instructions of no food or water the previous night (on BOTH occasions).

I firmly believe Dr. Reidhead and/or her staff at Holbrook Veterinary clinic mishandled Lady, greatly contributing to her aspirating. When we took her to a new vet at Alta Sierra Veterinary Clinic for new diagnostics and treatment, there were no issues. Even the spay and gastropexy procedures did not adversely affect Lady.

Dr. Reidhead painted an unnecessarily gloomy outlook on Lady's life. As a medical professional, Dr. Reidhead should have had the interest in the well-being in her patient to do SOME research into the condition and provide alternatives. Contrary to her damning diagnosis and prognosis, Lady is a very happy and healthy adolescent German Shepherd. Through the advice from Alta Sierra, we have been given the tools to modify her diet accordingly, something Dr. Reidhead should have provided.

There is a moral and ethical obligation a medical professional, including veterinarians took an Oath to, which Dr. Reidhead failed to meet with me and Lady.

(Veterinarian Oath: Being admitted to the profession of veterinary medicine, I solemnly swear to use my scientific knowledge and skills for the benefit of society through the protection of animal health and welfare, the prevention and relief of animal suffering, the conservation of animal resources, the promotion of public health, and the advancement of medical knowledge.

I will practice my profession conscientiously, with dignity, and in keeping with the principles of veterinary medical ethics. I accept as a lifelong obligation the continual improvement of my professional knowledge and competence.)

Because she works for the shelter in Holbrook, perhaps her go-to treatment is euthanasia.

These circumstances may warrant investigation into her practice and possible review of her license. I also request reimbursement of visit fees, including labs and x-rays. Reimbursement not to include the vaccinations.

**RECEIVED**

FEB 08 2022

February 2, 2022

Initial: \_\_\_\_\_

Arizona State Veterinary Medical Examining Board  
1740 W. Adams St. STE 4600  
Phoenix, AZ 85007  
Reference # 22-62

On April 6th, 2021 I was presented with a Female German Shepherd for a routine surgical ovariohysterectomy. Upon check in, my veterinary technician was informed by the owner that the dog periodically vomits. The owner stated he was not concerned about it as the dog ate and drank normally but just vomited occasionally. When I went back to the kennel room to perform my exam I noticed multiple spots of vomit in the kennel which was large, mostly water consistency, and did have large pieces of food. The rest of my exam was insignificant. I never witnessed vomiting in person. I proceeded to call the owner and let him know of my findings and that I preferred to not spay his dog until we could determine the cause of the illness and we could resolve the vomiting. I also confirmed that he had withheld food and water the night prior, which he said he had. My recommendation at that time was to do blood work and radiographs. He let me know that the dog seemed to do better on a certain diet and that he had made some changes recently and thought maybe it could be a food sensitivity. He asked about testing for allergies and we talked about other common gastrointestinal disturbances especially in the German Shepherd breed. Among allergies, we also discussed exocrine pancreatic insufficiency, inflammatory bowel disease, and parasites. The owner also expressed his concern about getting the spay done as soon as possible. He stated she had become really sick with her last heat cycle and didn't want to go through that again. I agreed that was important and that we would try to reschedule as soon as possible.

On April 19th the VARL results came back. The owner was contacted and he requested the results be emailed. He responded to the email and said he would try a lamb diet and then schedule for radiographs at another time. While consulting on the phone we discussed in more detail how and when the vomiting occurs. This was the first time I started to wonder if it was regurgitation and not vomiting. I really stressed the importance of radiographs.

On May 4th, 2021 we had finally agreed that a radiograph was the next step to trying to diagnose Lady. It was obvious prior to and during radiographs that Lady was not vomiting but rather regurgitating. There was no retching or gagging involved but rather passive regurgitation of water when positioning was changed. Radiographs were performed and an obvious megaesophagus was visualized. I recommended referral to

a radiologist (as I do with every radiograph taken) to confirm diagnosis and to ensure that aspiration pneumonia was not already present. I told him I was confident that it was megaesophagus but always recommended a second opinion to make sure nothing is overlooked. We spent quite a bit of time in my office talking about congenital vs acquired. I also recommended further testing for other diseases or processes that may complicate our diagnosis and treatment such as myasthenia gravis, hypothyroidism, Addison's, or esophageal trauma (foreign body, strictures, etc.). We discussed the treatment options and the prognosis of megaesophagus. I discussed how important elevated feeding would be and trying to determine if she would do better with meatballs or liquid diet. I told him that it is better to feed her elevated and try to keep her upright for 10-15 minutes following feeding to allow more time for food to travel to the stomach. He was upset with that and asked how I expected him to hold her up for that long. That is when I told him he would have to figure out what worked best for him and Lady at home, both with positioning and consistency of food. I discussed that they made special chairs or tables that the dog could learn to use. I think maybe this is where his misunderstanding came from when he thought I said "you will have to figure it out". I then stated that we could trial some motility medications and gastroprotectant medications but did not have them available in my pharmacy so would need a few days to get them stocked. I discussed the prognosis which I stated was guarded because of the known complications of megaesophagus. I discussed how important it was to watch for signs of aspiration pneumonia. I was honest with what I believe is an accurate prognosis but I never recommended euthanasia. At this point I was behind with my scheduled appointments and asked if we could schedule a consultation time once I had medications in. I felt we had discussed the most important aspect of treatment where he could get started and try some feeding adjustments before our next visit. He was again adamant on how important getting Lady spayed was. I felt like he was more concerned with when the surgery would take place than how he was going to treat Lady's disease. I asked my receptionist to schedule a surgical appointment but informed him that we would reassess her prior to surgery and that until I felt confident that it was safe to do an anesthetic procedure we may have to reschedule.

On May 5th, 2021 I had a request to send radiographs to Mr. Helmick in which I promptly emailed those to him. He then emailed me back and let me know he would be finding compassionate care someplace else. I replied apologetically and wished Lady well.

I believe my association with the Holbrook Animal Control Shelter is irrelevant in this case. Euthanasia of animals is as difficult for me as any other veterinarian. But I also know that the relief of animal suffering is in my veterinarian oath. In some cases this may mean that euthanasia is the best option after I have exhausted all my other options

first. I have worked with the City of Holbrook Animal Control shelter for 15 years. With the help of myself and the Friends of the Holbrook Animal Shelter non profit organization we have transformed this shelter into a no-kill shelter. I do not take euthanasia lightly and I did not recommend it for Lady.

Unfortunately, I feel this could have been easily resolved between Mr. Helmick and myself had he communicated with me his frustrations and concerns.

Sincerely



Abbie Reidhead D.V.M.

**DOUGLAS A. DUCEY**  
- GOVERNOR -



**VICTORIA WHITMORE**  
- EXECUTIVE DIRECTOR -

## **ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD**

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VETBOARD.AZ.GOV

### **INVESTIGATIVE COMMITTEE REPORT**

**TO:** Arizona State Veterinary Medical Examining Board

**FROM:** AM Investigative Committee: Robert Kritsberg, DVM - **Absent**  
Christina Tran, DVM  
Carolyn Ratajack - **Acting Chair**  
Jarrod Butler, DVM  
Steven Seiler

**STAFF PRESENT:** Tracy A. Riendeau, CVT - Investigations  
Marc Harris, Assistant Attorney General

**RE:** Case: 22-62  
Complainant(s): JD Helmick  
Respondent(s): Abbie Riedhead, D.V.M. (License: 4084)

#### **SUMMARY:**

Complaint Received at Board Office: 12/20/21  
Committee Discussion: 5/3/22  
Board IIR: 6/15/22

#### **APPLICABLE STATUTES AND RULES:**

Laws as Amended August 2018  
(Lime Green); Rules as Revised September  
2013 (Yellow).

On April 6, 2021, "Lady," an approximately 4-year-old female German Shepherd was presented to Respondent for a spay procedure. Due to the dog's history of vomiting, Respondent recommended postponing the procedure until they could resolve the dog's vomiting. Complainant suspected a food allergy.

On April 19, 2021, food allergy testing was performed and adjustments were made to the dog's diet. The dog's condition did not improve. Respondent suspected the dog was regurgitating, not vomiting.

On May 4, 2021, radiographs were performed and revealed the dog had megaesophagus. Respondent consulted with Complainant regarding treatment options and the prognosis of megaesophagus.

According to Complainant, Respondent recommended humane euthanasia and offered no solution on treating the dog's condition. Respondent denies this allegation.

On June 19, 2021, the dog was presented to Alta Sierra Veterinary Hospital for further diagnostics and treatments.

**Complainant was noticed and appeared telephonically.  
Respondent was noticed and did not appear.**

**The Committee reviewed medical records, testimony, and other documentation as described below:**

- Complainant(s) narrative: *JD Hemlick*
- Respondent(s) narrative/medical record: *Abbie Reidhead, DVM*
- Consulting Veterinarian(s) narrative/medical record: *Katherine Bratcher, DVM – Alta Sierra Veterinary Hospital.*

### **PROPOSED 'FINDINGS of FACT':**

1. On April 6, 2021, the dog was presented to Respondent for a spay procedure. Complainant reported that the dog would vomit about every 4 days. The dog drank a lot of water, eating was normal as well as eliminations. Upon exam, the dog had a weight = 59 pounds, a temperature = 101.8 degrees, a heart rate = 156bpm, and a respiration rate = 32rpm; BCS = 4. During the exam, Respondent noted multiple spots of vomit in the kennel which consisted of mostly water and large pieces of food. She did not witness the dog vomiting.

2. Respondent called Complainant with her findings and that she preferred not to spay the dog until they could determine the cause of illness and resolve the vomiting. Complainant confirmed that he withheld food and water the night before. Respondent recommended performing blood work and radiographs. Complainant suspected that the dog had a food sensitivity and asked about allergy testing since the dog did better on certain diets. Respondent discussed possible allergies, along with other potential diagnoses such as exocrine pancreatic insufficiency, IBD, and parasites. Complainant declined radiographs and approved blood work.

3. The CBC and chemistry panel did not reveal any significant concerns.

4. On April 19, 2021, the allergy testing results came back and were reported to Complainant. Complainant stated he would try the lamb diet and schedule the radiographs at a later time. After discussing how and when the dog's vomiting occurs, Respondent began to suspect the dog was regurgitating, not vomiting, and placed importance on performing radiographs.

5. On May 4, 2021, the dog was presented to Respondent for radiographs. Upon exam, the dog had a weight = 59.6 pounds, a temperature = 102.1 degrees, a heart rate = 142bpm, and a respiration rate = 40rpm. Complainant reported that the dog's vomiting had improved – however when she drinks a lot, she vomits. Respondent stated that prior to and during radiographs, the dog was regurgitating, not vomiting.

6. Radiographs revealed megaesophagus. Respondent discussed her findings with Complainant and recommended radiologist referral to confirm diagnosis and rule out aspiration pneumonia. According to Respondent, she spoke with Complainant at length about congenital vs acquired. She also recommended further testing for other diseases or processes that may complicate the diagnosis and treatment such as myasthenia gravis, hypothyroidism, Addison's, or esophageal trauma. Respondent also discussed treatment options and the prognosis of megaesophagus. She discussed the importance of elevated feeding and trying to keep her upright for 10 – 15



minutes following feeding to allow more time for food to travel to the stomach. Complainant was upset and asked how he was expected to hold up the dog for that amount of time. Respondent stated that he would need to figure out what worked best for him and the dog at home, both with positioning and food.

7. According to Complainant, he asked Respondent about treating the dog's condition, she responded that she did not know and he would have to figure that out. Complainant stated that Respondent advised that the best option would be euthanasia. He further claims that Respondent and her staff mishandled the dog which contributed to her aspirating.

8. Respondent stated that she never recommended euthanasia. She advised that they make special chairs or tables that the dog could learn to use. Respondent also recommended starting some trial motility medications and gastro-protectant medications – she did not have any available in her pharmacy so she would need a few days to get them in stock. Respondent also discussed how important it was to watch for signs of aspiration pneumonia and that the dog had a guarded prognosis due to the known complications of megaesophagus.

9. Complainant expressed how important it was for him that the dog got spayed. Respondent had her receptionist schedule a surgical appointment. She advised Complainant that they would reassess the dog prior to surgery and may have to reschedule based on the assessment.

10. On May 5, 2021, Complainant requested a copy of the radiographs. Respondent emailed them to Complainant who responded that he would be seeking more compassionate care elsewhere. Respondent apologized and wished him and the dog well.

11. On July 8, 2021, the dog underwent a spay and gastropexy surgery at Alta Sierra Veterinary Hospital.

12. On July 30, 2021, there was discussion surrounding referral to a specialist to work up the megaesophagus by Dr. Bratcher at Alta Sierra Veterinary Hospital.

#### **COMMITTEE DISCUSSION:**

The Committee discussed that there was a potential miscommunication issue between Respondent and Complainant regarding further treatment and management of the dog's megaesophagus. Respondent recommended further diagnostics and referral to a specialist.

#### **COMMITTEE'S PROPOSED CONCLUSIONS of LAW:**

The Committee concluded that no violations of the Veterinary Practice Act occurred.

#### **COMMITTEE'S RECOMMENDED DISPOSITION:**

**Motion:** It was moved and seconded the Board:

*Dismiss this issue with no violation.*

**Vote:** The motion was approved with a vote of 4 to 0.

*The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.*

TR

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Tracy A. Riendeau, CVT  
Investigative Division